ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Date notice sent to all parties:

December 4, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

reconsideration for Left L5/S1 Transforaminal ESI with IV sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back on XX/XX/XX. The patient reported the initial injury occurred when she was lifting heavy objects. The clinical note dated 02/10/15 indicates the patient complaining of low back pain with radiating pain across the low back and into the left buttocks and thigh. The patient reported that prolonged walking and activities were exacerbating her pain. Range of motion was identified as decreased throughout the lumbar region. The therapy note dated 04/20/15 indicates the patient having completed 10 physical therapy sessions to date. X-rays of the lumbar spine dated 04/20/15 revealed severe narrowing at the L5-S1 level. Facet degenerative changes were also identified at L4-5 and L5-S1. The MRI of the lumbar spine dated 04/28/15 revealed narrowing of the disc space at L5-S1. Mild posterior disc bulges together with facet hypertrophy were causing narrowing of both neuroforamina. The clinical note dated 08/26/15

indicates the patient continuing with low back pain with radiating pain to the left buttocks, thigh, and the right buttocks. The patient described the pain as a constant and dull sensation with frequent sharp exacerbations. The patient rated the pain as 7-8/10 at that time. The note indicates the patient utilizing Hydrocodone for pain relief at that time. Upon exam, flexion and extension throughout the lumbar region was identified as restricted and painful. Tenderness was identified throughout the lumbar vertebrae. Spasms were identified at the paraspinal musculature on the left. The clinical note dated 09/25/15 indicates the patient continuing with a dull, aching, and throbbing sensation in the low back. The patient had been prescribed the use of Tramadol as well as the use of Hydrocodone for pain relief. Upon exam, the patient was identified as having normal sensation throughout all extremities. No reflex changes were identified. The clinical note dated 10/27/15 indicates the patient continuing with low back pain with decreased range of motion. The patient has been recommended for an epidural steroid injection on the left at L5-S1.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The documentation indicates the patient complaining of ongoing low back pain. An epidural steroid injection in the lumbar region is indicated for patients who have demonstrated significant symptomology identified by clinical exam following the completion of a full course of conservative therapy and imaging studies confirm the presence of neurocompressive findings at the appropriate level. The submitted MRI revealed significant findings at L5-S1. However, the clinical notes revealed no significant radiculopathy in the L5 or S1 distributions. Without significant clinical findings confirming the presence of radiculopathy in the L5 or S1 distributions, it is unclear if the patient would benefit from an epidural injection at this time. Therefore, the request is not indicated. As such, it is the opinion of this reviewer that the request for an L5-S1 transforaminal epidural steroid injection on the left with IV sedation is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Epidural steroid injections (ESIs), therapeutic

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

(4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)